MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-007137

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1337 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF — DOCUMENT

FILED MAR 15 1963

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY
Length of stay in 1b: 62 YEARS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 6408 EAST 114TH TERRACE
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 6408 EAST 114TH TERRACE
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First ALFRED Middle ROBERTS Last WHELEN

4. DATE OF DEATH: Month FEBRUARY Day 25TH Year 1963

5. SEX: MALE

6. COLOR OR RACE: CAUCASIAN

7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 12-18-01

9. AGE (last birthday): 61
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): DOCTOR. DENTAL SURGERY

10b. KIND OF BUSINESS OR INDUSTRY: DENTIST

11. BIRTHPLACE (City and state or country): KANSAS CITY MO

12. CITIZEN OF WHAT COUNTRY: U.S.A

13a. FATHER'S NAME: ALFRED FRANCIS WHELAN

13b. MOTHER'S MAIDEN NAME: FLEETA COX

14. NAME OF HUSBAND OR WIFE: ANN ELIZABETH WHELAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servi: No NONE

16. SOCIAL SECURITY NO.:

17. INFORMANT Address: DONALD GREENE. WICHITA KANSAS

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cardiac failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Rheumatic heart disease
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Chronic Cardiac asthma for years

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

MEDICAL CERTIFICATION

21. I attended the deceased from 2-23-63 to 2-25-63 and last saw her (him) alive on 2-23-63
Death occurred at 1:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): H. L. Ketterman M.D.

22b. ADDRESS: Kansas City 34 Mo

22c. DATE SIGNED: 2/25/63

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: FEB. 27. 1963

23c. NAME OF CEMETERY OR CREMATORY: FOREST HILL CEMETERY

23d. LOCATION (City, town, or county) (State): KANSAS CITY MISSOURI

24. FUNERAL DIRECTOR ADDRESS: D.W. NEWCOMER'S SONS 831 BRUSH CREEK BLVD. KANSAS CITY MO

25. DATE RECD. BY LOCAL REG.: 2-27-63

26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by ______________________________, Student Embalmer No.__________

working under my personal supervision.

Student______________________________ Signed *Erling M. Dungy*
Signature of Student Embalmer

Licensed Embalmer No. 3566

P. O. Address Kansas City Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Dr Herbert Hotterman
5801 - E - 113th St + Highway 71